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REQUEST

| For ving Office use only |
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| International Application No. |
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| International Filing Date |
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| Name of receiving Office and "PCT International Application" |

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) 117755 PEL TITLE OF INVENTION Box No. I Measuring method for deciding direction to a flicker source Box No. II APPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. Facsimile No. Unipower AB **Box 411** Teleprinter No. SE-441 28 ALINGSAS Sweden Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: SE SE the States indicated in the Supplemental Box This person is applicant for the purposes of: all designated States the United States of America only all designated States except the United States of America Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only AXELBERG, Peter applicant and inventor Floravägen 27 B inventor only (If this check-box SE-441 43 ALINGSÅS is marked, do not fill in below.) Sweden Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: SE SE This person is applicant all designated States all designated States except the United States of America the States indicated in the Supplemental Box the United States of America only for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf common representative X of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation.

The address must include postal code and name of country.) Telephone No. +46317258100 Albihns Göteborg AB Facsimile No. **Box 142** +46317119555 SE-401 22 GÖTEBORG Teleprinter No. Sweden Agent's registration No. with the Office Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (March 2001; reprint July 2003)

See Notes to the request form

| Continuation of Box No. III FURTHER APPLICANCS) AND/OR FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this set should not be included in the request. If none of the following sub-boxes is used, this set should not be included in the request. This person is: papicant and inventor This person is: | | | |
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| This person is applicant all designated all designated state (that is, country) of residence state (that is, country) | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | , , |
| State (that is, country) of nationality: State (that is, country) of residence: This person is applicant and inv | The address must include postal code and name of country. The country of the adbress must include postal code and name of country. The country of the above is the applicant's State (that is, country) of residence if no State of residence is CARLSSON, Jonny Västergatan 5 SE-447 33 VÅRGÅRDA | ddress indicated in this | applicant only applicant and inventor inventor only (If this check-box |
| SE This person is applicant | | | |
| Name and address: (Family name followed by given name: for a legal entity, full afficial designation. The address must include postal code and name of country. The country of the address indicated below.) Applicant's State (that is, country) of residence if no State of residence is indicated below.) | | | of residence: |
| This person is applicant only of nationality: State (that is, country) of nationality: This person is applicant of America only of the States indicated in the Supplemental Box Name and address: (Family name followed by given name: for a legal entity, full official designation: Inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: This person is applicant only of America | This person is applicant all designated states all designated States all designated the United States | tates except s of America | the United States the States indicated in the Supplemental Box |
| This person is applicant for the purposes of: States | The address must include postal code and name of country. The country of the ad | ddress indicated in this | applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) State (that is, country) of nationality: State (that is, country) of residence: This person is applicant only inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office States and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: This person is applicant all designated in this box. Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: This person is applicant only inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office | State (that is, country) of nationality: | State (that is, country) | of residence: |
| This person is applicant State (that is, country) of residence of all designated States except the United States of America only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of nationality: State (that is, country) of residence: This person is applicant States indicated in the States indicated in this Box is the applicant's State (that is, country) of residence: This person is applicant of America only of Residence is indicated in this Box is the applicant's State (that is, country) of residence is indicated below.) This person is: This person is: applicant only if this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: | | tates except sof America | the United States the States indicated in the Supplemental Box |
| State (that is, country) of nationality: State (that is, country) of residence: This person is applicant for the purposes of: States all designated the United States except the United States of America of America only the Supplemental Box Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: This person is applicant all designated lall designated States except the United States of America only the Supplemental Box | The address must include postal code and name of country. The country of the ac | ddress indicated in this | applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) |
| This person is applicant for the purposes of: States | | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) State (that is, country) of nationality: State (that is, country) of nationality: State (that is, country) of residence: This person is applicant for the purposes of: all designated states of America of America only This person is: This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office | State (that is, country) of nationality: | State (that is, country) | of residence: |
| The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: This person is applicant for the purposes of: all designated States all designated States except the United States of America only the Supplemental Box | | | |
| This person is applicant all designated all designated States except for the purposes of: The United States indicated in the United States of America only the Supplemental Box | The address must include postal code and name of country. The country of the ac | ddress indicated in this | applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) |
| for the purposes of: States the United States of America of America only the Supplemental Box | State (that is, country) of nationality: | tate (that is, country) | of residence: |
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Form PCT/RO/101 (continuation sheet) (March 2001; reprint July 2003)

See Notes to the request form

Box No. V DESIGNATION OF STATES Mark the

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

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| | | al Patent (if other kind of protection | | | | _ | | |
| • | | United Arab Emirates | | | | | | |
| × | \mathbf{AG} | Antigua and Barbuda | | HU | Hungary | _ | | • |
| | | Albania | | | | | | Philippines |
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| X | AT | Austria | Ø | IN | India | X | PT | Portugal |
| | | Australia | | | | - | | Romania |
| | AZ | Azerbaijan | K | JP | Japan | X | RU | Russian Federation |
| | | Bosnia and Herzegovina | | | | | | |
| K | $\mathbf{B}\mathbf{B}$ | Barbados | K | KG | Kyrgyzstan | × | SC | Seychelles |
| | BG | Barbados Bulgaria | K | KP | Democratic People's Republic | X | SD | Sudan |
| | | Brazil | | | of Korea | N | SE | Sweden |
| | | Belarus | | | | | | |
| Ø | BZ | Belize | X | ΚZ | Kazakhstan | X | SK | Slovakia |
| K | CA | Canada | × | LC | Saint Lucia | X | SL | Sierra Leone |
| K | CH | & LI Switzerland and Liechtenstein | X | LK | Sri Lanka | M | SY | Syrian Arab Republic |
| K | CN | China | M | LR | Liberia | × | TJ | Tajikistan |
| | CO | Colombia | × | LS | Lesotho | | TM | Turkmenistan |
| M | CR | Costa Rica | M | LT | Lithuania | _ | | Tunisia |
| N | CU | Cuba | N C | LU | Luxembourg | K | TR | Turkey |
| | \mathbf{CZ} | Czech Republic | | LV | Latvia | K | TT | Trinidad and Tobago |
| N | DE | Germany | K | MA | Morocco | | | |
| M | DK | Denmark | Ø | MD | | | | |
| | DM | I Dominica | | | | K | UA | Ukraine |
| M | DZ | Algeria | M | MG | Madagascar | K | UG | Uganda |
| N | EC | Ecuador | | MK | The former Yugoslav Republic of | X | US | United States of America |
| N | EE | Estonia | | | Macedonia | | | |
| | ES | Spain | K | MN | Mongolia | Ø | $\mathbf{U}\mathbf{Z}$ | Uzbekistan |
| K | FI | Finland | X | MV | VMalawi | K | VC | Saint Vincent and the Grenadines |
| M | GB | United Kingdom | X | ΜX | Mexico | K | VN | Viet Nam |
| K | GD | Grenada | N | ΜZ | Mozambique | K | YU | Serbia and Montenegro |
| × | GE | Georgia | M | NI | Nicaragua | X | ZA | South Africa |
| | | Ghana | | | | K | ZM | I Zambia |
| K | GM | I Gambia | X | NZ | New Zealand | | ZW | Zimbabwe |
| | | | | | | | | |
| | | boxes below reserved for designating S | - | | | _ | | nance of this sheet: |
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)



| Sheet | No | 4 |
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| Box No. VI PRIORITY CLAIM | | | | | | | |
|--|---|--|--|--|--|--|--|
| The priority of the following earlier application(s) is hereby claimed: | | | | | | | |
| Filing date | Number | v | Vhere earlier application | is: | | | |
| of earlier application (day/month/year) | of earlier application | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office | | | |
| item (1) 23 December 2002 (23.12.2002) | 0203891-7 | SE | | | | | |
| item (2) | | | | | | | |
| item (3) | | | | | | | |
| item (4) | | | | | | | |
| item (5) | 3-0011-143-4-11 | | | | | | |
| Further priority claims | are indicated in the Supplement | ental Box. | 1 | | | | |
| The receiving Office is reque if the earlier application was above as: | ested to prepare and transmit filed with the Office which for | to the International Bureau the purposes of this interna | u a certified copy of the entional application is the r | earlier application(s) (only receiving Office) identified | | | |
| all items item (| 1) | item (3) item | (4) item (5) | other, see Supplemental Box | | | |
| * Where the earlier application Industrial Property or one M | on is an ARIPO application, i ember of the World Trade O | ndicate at least one country rganization for which that c | v party to the Paris Conve earlier application was fi | ention for the Protection of led (Rule 4.10(b)(ii)): | | | |
| | | | | | | | |
| Box No. VII INTERNAT | IONAL SEARCHING AU | THORITY | | | | | |
| Choice of International Sea international search, indicate | arching Authority (ISA) (if a the Authority chosen; the two | two or more International S o-letter code may be used): | Searching Authorities are | competent to carry out the | | | |
| ISA / SE | | | | | | | |
| Request to use results of ea International Searching Auth | ority): | | | ut by or requested from the | | | |
| Date (day/month/year) | Numi | | ntry (or regional Office) | | | | |
| 14 January 2003 | | 3/00001 | SE | | | | |
| Box No. VIII DECLARA | | | | | | | |
| The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration): Number of declarations | | | | | | | |
| Box No. VIII (i) | Box No. VIII (i) Declaration as to the identity of the inventor : | | | | | | |
| Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | | | | | | |
| Box No. VIII (iii) | Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application : | | | | | | |
| Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | | | | | | |
| Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty: | | | | | | |

| | | 5 |
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| Sheet | No | 3 |

| Box No. IX CHECK LIST; LANGUAGE OF FILING | | | | | | | | |
|--|---|------------------|--|--|--|--|--|--|
| This international application contains: (a) in paper form, the following number of checks: This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | | | | | | | | |
| sheets: request (including | 1. fee calculation sheet | : | | | | | | |
| declaration sheets) : 5 | 2. original separate power of attorney | : | | | | | | |
| description (excluding sequence listings and/or | 3. original general power of attorney | : | | | | | | |
| tables related thereto) : 27 | 4. copy of general power of attorney; reference number, | | | | | | | |
| claims : 7 | if any: | : | | | | | | |
| abstract : 1 | 5. statement explaining lack of signature | : | | | | | | |
| drawings : 10 | 6. priority document(s) identified in Box No. VI as item(s): | : | | | | | | |
| Sub-total number of sheets: 50 sequence listings: | 7. translation of international application into (language): | | | | | | | |
| tables related thereto : (for both, actual number of | 8. separate indications concerning deposited microorganism or other biological material | : | | | | | | |
| sheets if filed in paper form, whether or not also filed in | 9. sequence listings in computer readable form (indicate type and number of carriers) | | | | | | | |
| computer readable form; see (c) below) ———————————————————————————————————— | (i) ☐ copy submitted for the purposes of international search unde Rule 13ter only (and not as part of the international applicati | r | | | | | | |
| Total number of sheets : 50 | (ii) (iii) (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the | | | | | | | |
| (b) only in computer readable form (Section 801(a)(i)) | purposes of international search under Rule 13ter (iii) together with relevant statement as to the identity of the copy | : | | | | | | |
| (i) ☐ sequence listings (ii) ☐ tables related thereto | copies with the sequence listings mentioned in left column | : | | | | | | |
| (c) also in computer readable form (Section 801(a)(ii)) | 10. tables in computer readable form related to sequence listings (indicate type and number of carriers) | | | | | | | |
| (i) sequence listings | (i) copy submitted for the purposes of international search unde Section 802(b-quater) only (and not as part of the internation | r nal | | | | | | |
| (ii) tables related thereto | application) | : | | | | | | |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the | (ii) only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) | ne) : | | | | | | |
| sequence listings: | (iii) together with relevant statement as to the identity of the copy | or . | | | | | | |
| ☐ tables related thereto: | copies with the tables mentioned in left column | . 1 | | | | | | |
| (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) | (additional copies to be indicated under 11. South (specify). | | | | | | | |
| Figure of the drawings which should accompany the abstract: | Language of filing of the international application: | | | | | | | |
| Box No. X SIGNATURE OF APPLICAN Next to each signature, indicate the name of the person signature. | T, AGENT OR COMMON REPRESENTATIVE ning and the capacity in which the person signs (if such capacity is not obvious from readi | ng the request). | | | | | | |
| Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). Göteborg, Sweden 16 December 2003 | | | | | | | | |
| Peter Ekwall, ALBIHNS GÖTEBORG AB | | | | | | | | |
| | For receiving Office use only | | | | | | | |
| 1. Date of actual receipt of the purported international application: | | | | | | | | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | | | | | | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | | | | | | | |
| 5. International Searching Authority (if two or more are competent): ISA / | 6. Transmittal of search copy delayed until search fee is paid | | | | | | | |
| | For International Bureau use only | | | | | | | |
| Date of receipt of the record copy by the International Bureau: | | | | | | | | |